124 -

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES APPLICATION/REPORT OF MARRIAGE

	LICENSE NUMBER												
	1. FIRST PARTY'S NAME (First, Middle, Last)						AST NAME PRI	1b. SOCI	AL SECURITY NO).			
VS 700 Rev. 7-15	2. AGE LAST BIRTHDAY 3. DATE OF BIRTH (Month, Day, Year)					4. BIRTHPLACE (State or Foreign Country)				4a. S	Sex		
MO 580-0717 (7-15)											Nale 🗌 Female		
FIRET	5a. RESIDENCE - CITY, TOWN, OR LOCATION				5b. STATE	TATE 5c. ZIP CODE			5d. COUN	NTY			
FIRST PARTY	6. NUMBER OF THIS MARRIAGE -), LAST MARRIAGE		8. RACE - American Indian, Black, White, etc. (Specify below)		9. EDUC	ATION grade completed	 ()	
TYPE/PRINT	First, Second, etc.	By: Date: (Month, Yea								ary/Secondary	College	_	
IN PERMANENT	(Specify below)	7a. 7b.					1 White			(0-12)	I (1-4 or 5+)	_	
BLACK INK.		2 Death					2 🗆 Black						
FOR INSTRUCTIONS	3 □ Divorce, dissolution.						3 American Indian						
SEE HANDBOOK.			or annulment				4 D Other	i ilidiali			1		
	10. SECOND PARTY'S NAME (First, Middle, Last)					10a.	LAST NAME PRIOR TO FIRST MARRIAGE (if different) 11. SOCIAL SECURITY N					—).	
	10. 0200115 17.1111 0 10	ine (1 noi, maaro, 2ac				· ou.	210110111211		tGE (# dilloroni)	111 000			
	10. ACE LAST RIPTURAY 12. DATE OF RIPTU (Month						A DIDTUDI AGE (Q)			1		_	
	12. AGE LAST BIRTHDAY 13. DATE OF BIRTH (Month, Da			Day, Year)	Day, Year)		14. BIRTHPLACE (State or Foreign Co		ign Country)	14a.			
											Nale		
SECOND	15a. RESIDENCE - CITY,	TOWN, OR LOCATION	I		15b. STATE			15c. ZIP CODE	15d. COU	INTY			
PARTY	16. NUMBER OF THIS	17. IF PREVIO	17. IF PREVIOUSLY MARRIED, LAST MARF				18. RACE - American Indian, Black		ack,				
	MARRIAGE - First, Second, etc.	ENDED					White, etc. (Specify below)			(Specify only highest grade completed) Elementary/Secondary College			
	(Specify below)				e: (Month, Year)				Element	ary/Secondary (0-12)	(1-4 or 5+)	_	
		1		17b.	7b.		1 White 2 Black				i		
		2 Death	☐ Death								i i		
			3 Divorce, dissolution,					n Indian			1		
	or annulment ; WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CO					OT T	4 Other)			
	FREE TO MARRY UNI				D IS CORRE	CII	O THE BEST	OF OUR KNOW	LEDGE AND I	BELIEF AN	D IHAI WE A	KE	
	20. FIRST PARTY'S SIGN				2	1. SE	COND PARTY'S	S SIGNATURE					
SIGNATURES													
	•						,						
AFFIX SEAL	22. SUBSCRIBED TO AND SWORN TO PEROPE ME ON (Month Pay York) (Time) 23. COUNTY OF RECORDING						24. DATE AND TIME LICENSE ISSUED (Month, Day, Year) (Time)						
	BEFORE ME ON (Month, Day, Year) (Time)						(MOTILIT, Day, Teal) (Tille)						
LOCAL													
OFFICIAL	25. NAME OF RECORDER OF DEEDS					6. SIC	SIGNATURE AND TITLE OF OFFICIAL						
OTTIOIAL													
						-	DEPUTY					Υ	
	27. DATE CEREMONY PERFORMED 28a. WHERE MARRIED - CITY, TO					IWN OR LOCATION			28b. WHERE MARRIED - COUNTY				
CEDEMONY	(Month, Day, Year)				-D 0111, 101	TI, TOWN, OIT LOOKHON			200. WHENE WATERED COOKIT				
CEREMONY													
	29. NAME OF PARENT OR LEGAL GUARDIAN OF FIRST PARTY: (If Minor)						30. RELATIONSHIP TO APPLICANT						
	31a. ADDRESS OF PARENT OR LEGAL GUARDIAN OF FIRST PARTY:						31b. STATE 31c. ZIP CODE			c. ZIP CODE			
	I, THE ABOVE-NAMED PARENT OR LEGAL 32. SIGNATURE OF PARE						T OR LEGAL G	UARDIAN					
	GUARDIAN, DO HEREBY SWEAR THE INFORMATION TO BE CORRECT AND HEREBY												
	GIVE MY CONSENT T			•									
	33. NAME OF PARENT OR LEGAL GUARDIAN OF SECOND PARTY: (If Minor)						34 BELATIO	NSHIP TO APPLICA	ANT			_	
PARENTAL							OH. HEBAHO	1401111 1071112107					
CONSENT							051 07175				710.0005	_	
	35a. ADDRESS OF PARENT OR LEGAL GUARDIAN OF SECOND PARTY:						35b. STATE 35c. ZIP CODE						
	I, THE ABOVE-NAMED PARENT OR LEGAL 36. SIGNATURE OF PARENT					AREN	T OR LEGAL G	UARDIAN					
	GUARDIAN, DO HEREBY SWEAR THE												
AFFIX	INFORMATION TO BE CORRECT AND HEREBY GIVE MY CONSENT TO SAID MARRIAGE.												
SEAL	CIVE WIT CONCENT TO CAUSE WATHINGE.					TITLE OF OFFICIAL							
	SWORN TO BEFORE ME ON: (Month, Day, Year)					•							
	 										DEPU	IT\	
											חברט	ıΥ	